

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO
77831583

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1	1		1	
3	2		1		1	
4	1		1		1	
5	1		1		1	
6	2		1		1	
7	2		1		1	
8	3		1		1	
9	3		1		1	
10	3		1		1	
11	3		1		1	
12	3		1		1	
13	1		1		1	
14	1		1		1	
15	1		1		1	
16	1		1		1	
17			9		1	
18			1		1	
19			1		1	
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TOTAL IND.	2	↓	2	↓	2	↓
TOTAL DEP.	17	←	17	←	17	←
TOTAL CLAIMS	19		19		19	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS